

7716

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Carroll	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (In this place) 4 Days		outside outside corporate limits, write RURAL and give nearest town) OR Mount Airy 06X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Baker Avenue ✓			
3. NAME OF DECEASED: (First) (Middle) (Last) EFFIE LUCINDA AUSHERMAN				4. DATE OF DEATH: (Month) (Day) (Year) August 9, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: June 15, 1879	
9. AGE last birthday: 76 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse				10B. KIND OF BUSINESS OR INDUSTRY: Own			
13. FATHER'S NAME: Issac J. Summers				14. MOTHER'S MAIDEN NAME: Lucinda C. Brandenburg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 1101 Rosemont Avenue, Mr. Earl S. Ausherman, Frederick, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 IMMEDIATE CAUSE (A) <i>Arteriosclerotic Heart Disease</i>						1 week	
ANTECEDENT CAUSE (S) (B) <i>Arteriosclerosis</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (260X) (C) <i>Sickle Cell Anemia</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: none		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 4, 1955, to Aug. 9, 1955, that I last saw the deceased alive on Aug. 9, 1955, and that death occurred at 5:10 A.M. from the causes and on the date stated above.							
SIGNATURE <i>G. A. Pearce</i>		M. D. Frederick, Maryland		DATE SIGNED 8/9/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 11, 1955		NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) Myersville, Maryland (State)	
DATE REC'D BY LOCAL REGISTRAR 10 Aug 1955		REGISTRAR'S SIGNATURE <i>Elizabeth B. Hack</i>		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 11 1955

BUREAU V. S.

7743

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rural Thurmont		LENGTH OF STAY (in this place) Since 1928		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) Harlow		(Middle) Stuart		(Last) Bales		DATE OF DEATH: Aug. 9, 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH: Jan. 18, 1874	
9. AGE last birthday 81 yrs.		10. KIND OF BUSINESS OR INDUSTRY: Own farm		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10B. KIND OF BUSINESS OR INDUSTRY: Own farm			
13. FATHER'S NAME: William M. Bales				14. MOTHER'S MAIDEN NAME: Sophrona Leeds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mabel Bales Washington, D.C.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE							
(A) Cerebral hemorrhage						Sudden	
ANTECEDENT CAUSE (S)							
(B) Cerebral vascular disease						5 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19A. DATE OF OPERATION: None				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1955, to Aug 9, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 4:41 P. M. from the causes and on the date stated above.							
SIGNATURE James K. Gray				DATE SIGNED 8-10-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Aug. 11, 1955				NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery			
DATE REC'D BY LOCAL REGISTRAR Aug. 10 1955				REGISTRAR'S SIGNATURE Blanche S. Eyles			
24. FUNERAL DIRECTOR M.L. Creager and Son				ADDRESS Thurmont, Md.			

BUREAU V. 1

AUG 11 1955

RECEIVED

7717

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07720

1. PLACE OF DEATH:

COUNTY

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

11 Frederick

(Length of stay in this place)

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

69 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

Carroll

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN

Liniwood

Rural

STREET ADDRESS

Clear Ridge

06X-2

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

J M

H

Barnes

4. DATE OF DEATH:

(Month)

(Day)

(Year)

Aug 2

19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

M

W

W

June 16-1869

86

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

607.0
Immediate cause

(a)

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

Two

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While at Work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Aug 3/55

Elizabeth G. Heck

Wm Bartlett Lane - New Windsor - Md

MARGIN RESERVED FOR BINDING

BUREAU V. S.

AUG 8 1955

RECEIVED

7718

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07721

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 TOWN Frederick		37		TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 224 East Seventh Street				224 East Seventh Street			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE OF DEATH: (Month) (Day) (Year)				
Jesse Ernest Brightwell			August 3 1955				
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male	White	Married	March 12-1892	63 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?
Molder			Iron and Steel Co.		Maryland		USA
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
James Brightwell				Emma Stultz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		214-10-3401		224 E. 7th St. Mrs. Jesse E. Brightwell- Frederick, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.2 Immediate cause (a) <i>Angina pectoris</i>						12 hr	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Coronary sclerosis</i>						27 mo +	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from Aug 2, 1955, to Aug 3, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 3:25 A.M. from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
<i>B. J. ...</i>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		8-5-55		Mt. Olivet Cemetery		Frederick- Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
5 Aug 1955		<i>Elizabeth B. Heck</i>		C.E. Cline and Son- Frederick, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 8 1955

RECEIVED

7719

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 27 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Hamilton Avenue				STREET ADDRESS (If rural give location) 50 Hamilton Avenue			
3. NAME OF DECEASED: (First) FRED		(Middle) ALFRED		(Last) BROWNING		4. DATE OF DEATH: (Month) (Day) (Year) August 18 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: November 16, 1883	
9. AGE last birthday: 71 yrs.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Benjamin Browning				14. MOTHER'S MAIDEN NAME: Lidia Lydard			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 217-10-9813		17. INFORMANT & ADDRESS: Mrs. Gladys Roy - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
199.9 Immediate cause (a) Metastatic carcinoma						Months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952 to 8/18, 1953, that I last saw the deceased alive on 8/18, 1955, and that death occurred at 9:55 P.M., from the causes and on the date stated above.							
SIGNATURE James B. Thomas, M.D.				ADDRESS Frederick, Md.			
DATE SIGNED 8/20/53							
23. BURIAL, CREMATION, etc. (Specify) Burial		DATE THEREOF Aug. 21, 1955		NAME OF CEMETERY OR CREMATORY Frederick Memorial Park		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 20 Aug. 1953		REGISTRAR'S SIGNATURE Elizabeth G. Herb		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7720

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>6 Days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural-R. F. D. #3, X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Indian Springs</u>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>AGNES</u>		(Middle) <u>BEATRICE</u>		(Last) <u>BUSEY</u>		OF DEATH: <u>August 5, 1955</u>	
5. SEX. <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. <u>MARRIED</u> (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>May 17, 1878</u>	
9. AGE last birthday: <u>76</u> yrs		10. KIND OF BUSINESS OR INDUSTRY: <u>Housework</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Thomas McDonald</u>				14. MOTHER'S MAIDEN NAME: <u>Agnes Stapelton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Kenneth I. Busey, Frederick, R.F.D. #3, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						4 weeks	
IMMEDIATE CAUSE (A) <u>Bacterial Heart Disease</u>							
ANTECEDENT CAUSE (S) DUE TO (B) <u>(with congestive failure)</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> , to <u>Aug 5, 1955</u> , that I last saw the deceased alive on <u>Aug 5, 1955</u> , and that death occurred at 7:25 P.M. from the causes and on the date stated above.							
SIGNATURE <u>Bernard C. Hume</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/6/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 8, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>8 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

S. A. 1111

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7741

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Cullen		114 days		OR TOWN Hagerstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Victor Cullen State Hospital		STREET ADDRESS (If rural give location)			
04				E Antietam Street			
3. NAME OF DECEASED:		(First) Susan		(Middle)		(Last) Crilley	
(Type or Print)							
4. DATE (Month) (Day) (Year)				OF DEATH: August 4,		19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: Sept. 12, 1873	
9. AGE last birthday: 81 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. BIRTHPLACE (State or foreign country): Maryland		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?		10B. KIND OF BUSINESS OR INDUSTRY: ?		12. FATHER'S NAME: James McKee		13. MOTHER'S MAIDEN NAME: Rebecca Carty	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		15. SOCIAL SECURITY NO. None		16. INFORMANT & ADDRESS: Susan Crilley, Hagerstown, Maryland,			
17. (If Yes, give war or dates of service)							
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
002X							
IMMEDIATE CAUSE (A) Carcinoma of Colon				Unknown			
DUE TO							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. (C) Pulmonary Tuberculosis				6 months.			
DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from April 12, 19 55 to Aug. 4, 19 55 that I last saw the deceased alive on Aug. 4, 19 55 , and that death occurred at 6:10 A.M. from the causes and on the date stated above.							
SIGNATURE J. H. Lyon		M.D. Cullen, Maryland		DATE SIGNED August 5, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8-6-55		NAME OF CEMETERY OR CREMATORY Greenlawn Cem.		LOCATION (City, town, or county) (State) Williamsport, Md.	
DATE REC'D BY LOCAL REGISTRAR 8/4/55		REGISTRAR'S SIGNATURE J. H. Lyon		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILLIAM V. S.

AUG

100-100-100

7721

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>224 South Carroll Street</u>		STREET ADDRESS (If rural give location) <u>224 South Carroll Street</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>HARVEY</u>	(Middle) <u>SYLVESTER</u>	(Last) <u>CUTSAIL</u>	DATE OF DEATH: <u>August 31, 1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. <u>MARRIED</u> (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>August 9, 1889</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Cake Cutter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Bakery</u>	9. AGE last birthday <u>66</u> yrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Hiram Cutsail</u>		14. MOTHER'S MAIDEN NAME: <u>Ida Main</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-24-6239</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Emma B. Cutsail, Frederick, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE		<u>5 weeks</u>	
(A) <u>Myocardial Infarction</u>			
ANTECEDENT CAUSE (B)		<u>6 3/4</u>	
(B) <u>Arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2:1</u>, 19 <u>55</u> , to <u>8:35</u>, 19 <u>55</u> , that I last saw the deceased alive on <u>8/31</u>, 19 <u>55</u> , and that death occurred at <u>3:20</u> A.M., from the causes and on the date stated above.			
SIGNATURE <u>U.S. Baume Jr.</u>		DATE SIGNED <u>9/1/1955</u>	
ADDRESS <u>Frederick, Maryland</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 2, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>			
DATE REC'D BY LOCAL REGISTRAR <u>2 Sept. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	

108

BUREAU V. S.

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CERTIFICATE OF DEATH

Item 9, Film G1858-15-55 et

Reg. Dist. No. 131

I. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
OR ~~TOWN~~ New London

LENGTH OF STAY
(in this place)
Life

HOSPITAL OR
INSTITUTION OR

STREET ADDRESS Home, New London, Rt #1

2 USUAL RESIDENCE (HOME) OF DECEASED.

STATE Maryland

COUNTY Frederick

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
OR ~~TOWN~~ New London, Rt #1 (Rural)

STREET
ADDRESS

(If rural give location)
Rt #1, Frederick, County

3. NAME OF
DECEASED:

(First) Mollie

(Middle) Surfronia

(Last) Disney

4. DATE
OF
DEATH:

(Month) Aug

(Day) 3

(Year) 1955

5. SEX:

Female

6. COLOR OR
RACE:

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Married

8. DATE OF BIRTH:

Dec. 6, 1873 1883

9. AGE last birthday:

72 yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of
work done during most of working life,
even if retired: Midwife

10b. KIND OF BUSINESS OR
INDUSTRY: Ne

11 BIRTHPLACE (State or foreign country):
Maryland, Frederick County

12. CITIZEN OF WHAT
COUNTRY? U.S.A

13. FATHER'S NAME:

Frank Thomas

14. MOTHER'S MAIDEN NAME:

Jane Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) ***

16. SOCIAL SECURITY No.: *****

17. INFORMANT & ADDRESS:

George Thomas, New London, Frederick, County

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
Immediate cause

(a) DUE TO

Antecedent causes (s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b) DUE TO

(c)

Coronary Thrombosis
Arteriosclerosis and Diabetes
Nia ref

Interval Between
Onset And Death

Sudden

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT

(Specify)

SUICIDE
HOMICIDE

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.

INJURY OCCURRED
While at Not While
Work ☐ At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from Jun 1, 1955 to Aug 3, 1955, that I last saw the deceased

alive on July 26, 1955 and that death occurred at

7:30 PM from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

DATE THEREOF

Aug 6

NAME OF CEMETERY OR CREMATORY

Dorsey Church Cemetery

LOCATION (City, town, or county)

New London, Frederick, Md

(State)

DATE REC'D BY LOCAL
REGISTRAR

5 Aug 1955

REGISTRAR'S SIGNATURE

Elizabeth G. Heck.

24. FUNERAL DIRECTOR

C.E. Hicks III.

ADDRESS

24 Saints St, Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. E.

456



7746

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>FREDERICK</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>WOODSBORO</u>		<u>30 yrs</u>		TOWN <u>WOODSBORO</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE (Month) (Day) (Year)			
(Type or Print) <u>KENLEY</u>		<u>WARFIELD</u> <u>DORSEY</u>		OF DEATH: <u>AUG</u> <u>22nd</u> <u>19 55</u>			
5. SEX: <u>MALE</u>		6. COLOR OR RACE: <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>3/29/1888</u>	
9. AGE last birthday: <u>67</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABOR</u>		10a. KIND OF BUSINESS OR INDUSTRY: <u>STATE ROAD</u>	
11. BIRTHPLACE (State or foreign country): <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME: <u>CLAGGETT W. DORSEY</u>		14. MOTHER'S MAIDEN NAME: <u>LAURA HARNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY No. <u>219-05-0529</u>		17. INFORMANT & ADDRESS: <u>Mrs Myra Dorsey Woodsboro Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
42d. 2 IMMEDIATE CAUSE (A) <u>Myocardial failure</u>						<u>48 hrs.</u>	
ANTECEDENT CAUSE (B) <u>Chronic myocarditis</u>						<u>4 yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Chronic bronchitis</u>						<u>?</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2</u> , 1953, to <u>Aug. 22</u> , 1955, that I last saw the deceased alive on <u>Aug. 21</u> , 1955, and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>M. Franklin Bink</u>		M. D. <u>Thurmond Ind.</u>		DATE SIGNED <u>8/23/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>8/25/1955</u>		NAME OF CEMETERY OR CREMATORY <u>ROCKY HILL</u>		LOCATION (City, town, or county) (State) <u>Woodsboro Frederick CO, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Aug 23, 1955</u>		REG. AR'S SIGNATURE <u>L. C. Powell</u>		24. FUNERAL DIRECTOR <u>G.C. Earton</u>		ALOE SS <u>Walkersville Md</u>	

MARGIN RESERVE FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STANDARD

57

100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07729

Item 18 Film G185 8-21-55

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Woodsboro</u>		<u>20 yrs.</u>		TOWN <u>Woodsboro</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100							
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: <u>Aug. 10</u> <u>1955</u>			
5. SEX: <u>M</u>				6. COLOR OR RACE: <u>W</u>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>				8. DATE OF BIRTH: <u>May 16, 1907</u>			
9. AGE last birthday: <u>48</u> yrs				10. IF UNDER 1 YEAR: Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Brush factory</u>			
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Charles Eaves</u>				14. MOTHER'S MAIDEN NAME: <u>Emma Eaves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <u>No</u>				17. SOCIAL SECURITY NO. <u>219-05-052</u>			
18. MEDICAL CERTIFICATION				17. INFORMANT & ADDRESS: <u>Dr. Charles Eaves, Woodsboro, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
322.1 IMMEDIATE CAUSE (A) <u>Heart failure</u>							
ANTECEDENT CAUSE (B) <u>Excessive Drinking Whiskey</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) <u>Chronic Alcoholism</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21C. WHERE DID (City or town) (County) (State)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/9</u> , 19 <u>54</u> to <u>8/10</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>8/9</u> , 19 <u>55</u> , and that death occurred at <u>F.P. M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Dr. H. Beall M.D.</u>				DATE SIGNED <u>8/11/55</u> <u>Md.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. FUNERAL DIRECTOR ADDRESS			
DATE REC'D BY LOCAL REGISTRAR <u>Aug 12, 1955</u>				REGISTRAR'S SIGNATURE <u>L. C. Powell</u>			
NAME OF CEMETERY OR CREMATORY <u>Chapel cemetery</u>				LOCATION (City, town, or county) (State) <u>Md. Libertytown</u>			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. A.

AUG

RECEIVED

7742

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY *Frederick* MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) *35 Brunswick* LENGTH OF STAY (in this place) *55 yrs.*
 HOSPITAL OR INSTITUTION OR STREET ADDRESS *504 Brunswick Street*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *md* COUNTY *Frederick*
 CITY (If outside corporate limits, write RURAL and give nearest town) OR *35 Brunswick*
 STREET ADDRESS (If rural, give location) *504 Brunswick Street*

3. NAME OF DECEASED:

(First) (Middle) (Last)
 (Type or Print) *Blanche Viola Erb*

4. DATE OF DEATH: (Month) (Day) (Year)
8-27-55

5. SEX:

Female

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, *Married*

8. DATE OF BIRTH:

8-9-1879

9. AGE last birthday: *76* yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:
Home

11. BIRTHPLACE (State or foreign country):
Pa.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME:

Frank W. Swabb

14. MOTHER'S MAIDEN NAME:

Emma Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY No.:

—

17. INFORMANT & ADDRESS:

Esther M. Nusing, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
 Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

Cerebral Hem. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

16 hrs.

?

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/26-55* to *8/27-55*, that I last saw the deceased alive on *8/27-55*, and that death occurred at *12:00 p.m.*, from the causes and on the date stated above.

SIGNATURE

(PRINT OR TYPE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):

Burial

DATE THEREOF *8-30-55*

NAME OF CEMETERY OR CREMATORY *East Haverhill Cem. Co.*

LOCATION (City, town, or county) *Haverhill Pa.*

DATE REC'D BY LOCAL REG. *Aug. 29-55*

REGISTRAR'S SIGNATURE *Kathryn H. Brown*

24. FUNERAL DIRECTOR

C. H. Feibt Bu. Brunswick Md

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SEP 6

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7732

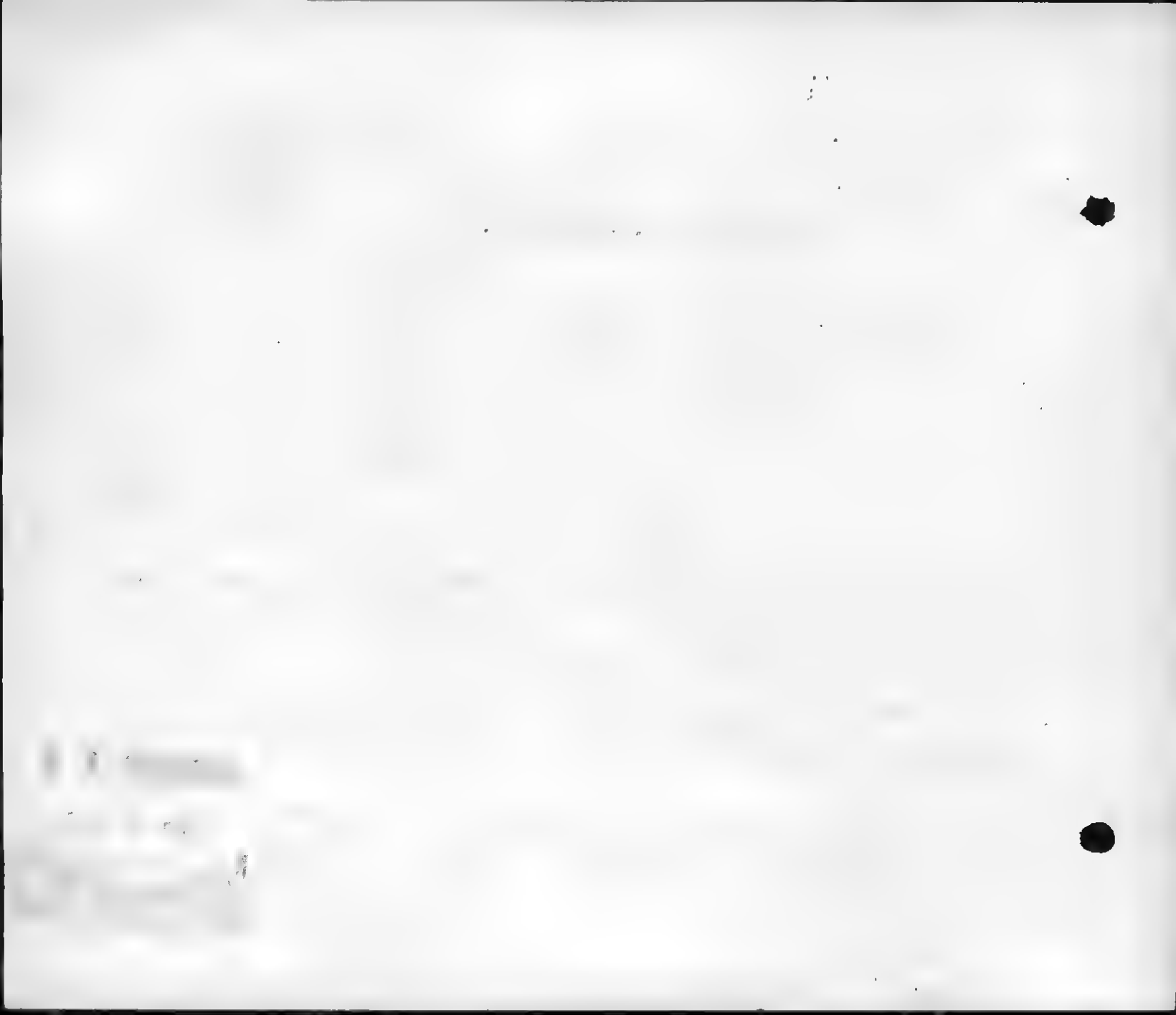
CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Union Bridge</u> 06X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) <u>Viola</u> (Middle) <u>S</u> (Last) <u>Eyles</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Aug</u> <u>1</u> <u>1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>2-1-27-01</u> yrs Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Joseph Williams</u>				14. MOTHER'S MAIDEN NAME: <u>Marian G. Eyles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>—</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS: <u>Miss Annia Eyles</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>154X</u>							
ANTECEDENT CAUSE (B):							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <u>Diabetes General</u>							
(B) <u>Carcinoma of Rectum with Metastasis?</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>None</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH: (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> , to <u>Aug. 1, 1955</u> , that I last saw the deceased alive on <u>Aug. 1, 1955</u> , and that death occurred at <u>7:50 P.M.</u> from the causes and on the date stated above.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug 3-11-55</u>		NAME OF CEMETERY OR CREMATORY <u>Uniontown Church & Cem. Uniontown, Md.</u>		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR <u>1 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hickey</u>		24. FUNERAL DIRECTOR <u>Merwyn C. Fuss</u>		ADDRESS <u>Uniontown, Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07733

7743

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Unionville		CITY (If outside corporate limits, write RURAL and give nearest town) Unionville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS R.D. Mt. Airy	
3. NAME OF DECEASED (First) Benton Jesse (Middle) Forney (Last) F.		4. DATE OF DEATH (Month) August (Day) 17 (Year) 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH July 18, 1903
9. AGE last birthday 52 yrs.		10. UNDER 1 year Months 1 Days 17 Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer (Fred. Co. road Dept.)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Samuel J. Forney		14. MOTHER'S MAIDEN NAME Dennie B. Schellar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Merton Forney, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7743
Immediate cause

(a)

Strangulation by hanging

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) Suicide	PLACE (Home, farm, factory, street, or office bldg., etc.) Widow's of Unionville	(CITY OR TOWN) Frederick	(COUNTY) Md	(STATE)
TIME (Month) (Day) (Year) (Hour) Aug. 17, 1955	INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Dec. 19, 1955**, that I last saw the deceased**live on Aug. 17, 1955**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 8-19-1955	NAME OF CEMETERY OR CREMATORY Linganore	LOCATION (City, town, or county) Unionville, Maryland	(State)
DATE REC'D BY LOCAL REG. Aug. 18, 1955	REGISTRAR'S SIGNATURE Blair A. Runkles	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Maryland		ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

AUG 22 1955

RECEIVED
FBI
AUG 22 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07734

7749

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Frederick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Walkersville</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>				STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (First) <u>ANNA</u>		(Middle) <u>LEE</u>		(Last) <u>FORREN</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>27</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Nov. 1, 1887</u>	9. AGE last birthday <u>67</u> yrs.	10. If under 1 year: Months <u>6</u> Days <u>27</u> Hours <u>19</u> Min. <u>55</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel Cook</u>				14. MOTHER'S MAIDEN NAME <u>Harrisonia Smallwood</u>			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. E. L. Gibbs, 5611 Park Rd., Falls Church, Va.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Anterolateral CVD</u>						5 year	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Malnutrition, severe</u>							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						2 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, or office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 Aug., 1955</u> , to <u>27 Aug., 1955</u> , that I last saw the deceased alive on <u>26 Aug., 1955</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>James E. Starnes, MD</u>				ADDRESS <u>Walkersville, Md</u>		DATE SIGNED <u>8/27/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Aug. 29, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Glades Cemetery</u>		LOCATION (City, town, or county) <u>Walkersville</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>8/29/55</u>		REGISTRAR'S SIGNATURE <u>L. C. Powell</u>		24. FUNERAL DIRECTOR <u>H. C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

BUREAU V. S.

AUG 21 1955

RECEIVED

7722

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

11 ~~TOWN~~ FrederickLENGTH OF STAY
(in this place)
18 YearsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

00 340 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

OR
~~TOWN~~ Frederick

STREET ADDRESS (If rural give location)

340 East Church Street

3. NAME OF
DECEASED:

(First)

CORA

(Middle)

MAY

(Last)

GOODMAN

4. DATE (Month)

(Day)

(Year)

OF
DEATH:

August

30,

1955

5. SEX:

Female

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

(Specify): Married

8. DATE OF BIRTH:

6 April 1882

9. AGE last birthday

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

House-work

10B. KIND OF BUSINESS
OR INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

West Virginia

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

David Smith

14. MOTHER'S MAIDEN NAME:

Irene Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Thomas E. Goodman, 340 E. Church St.,
Frederick, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE

(A)

DUE TO

ANTECEDENT CAUSE (B)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While ☐ Not while ☐
at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30 1955 to Aug 30 1955 that I last saw the deceased

alive on Aug 29, 1955, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

M. D.

Frederick, Maryland

8/31/1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

2 Sept 1955

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick, Maryland

(State)

DATE REC'D BY LOCAL
REGISTRAR

31 Aug. 1955

REGISTRAR'S SIGNATURE

Elizabeth B. Heck.

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

I

BUREAU V. S.

SEP 2 1955

7759

MARYLAND STATE DEPARTMENT OF HEALTH

07736

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 8, File 185 8-25-55 et

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Route 2		LENGTH OF STAY (in this place) Several wks.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) 16 West College Terrace	
3. NAME OF DECEASED (Type or Print)		(First) Charles		(Middle) E.	
				(Last) Hain	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 11-19-1888		9. AGE last birthday 68 yrs.		4. DATE OF DEATH Aug. 20 1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Fraternal Order		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Don't know		George Hain		14. MOTHER'S MAIDEN NAME Don't know Cassandra ? Hain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 188-05-7973		17. INFORMANT AND ADDRESS Frederick-Md. Mrs. Jacob Kidwiler-16 W. College Terr.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

(a)

Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, or office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. REMOVAL OF REMAINS
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

21 Aug 1955

Elizabeth B. Heck

C.E.Cline and Son-Frederick-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COMMAN V. S.

1911

CERTIFICATE OF DEATH

Item 9, Film G185 8-31-55 et

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> STREET ADDRESS (If rural give location) <u>119 East Patrick Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>GEORGE</u> <u>HOLTZ</u> <u>HAWKER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>August 21, 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>March 17, 1874</u>	
9. AGE last birthday: <u>81</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Kitchen Employee</u>		10a. KIND OF BUSINESS OR INDUSTRY: <u>Hotel</u>		9. AGE last birthday: <u>81</u> yrs. Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>George W. Hawker</u>				14. MOTHER'S MAIDEN NAME: <u>Catherine Zimmerman</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>213-16-0037</u>		17. INFORMANT & ADDRESS: <u>R. F. D. #4, Mrs. Roy W. Zimmerman, Frederick, Maryland</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>Weeks</u>	
ANTECEDENT CAUSE (B) <u>Chronic pyelonephritis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/16, 1955</u> , to <u>8/21, 1955</u> that I last saw the deceased alive on <u>8/21, 1955</u> , and that death occurred at <u>4:00AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James B. Thomas</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>8/23/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 24, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>24 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 8

AUG 26 1977

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07738

7725

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	STATE <u>Maryland</u> COUNTY <u>Frederick</u>	OR TOWN <u>Doubs</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>	LENGTH OF STAY (in this place)	STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: August 3, 1955	
5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: October 25, 1887 9. AGE last birthday: 67 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <u>Retired Rural Carrier</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Mail</u>	
11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Millard E. Hickman</u>		14. MOTHER'S MAIDEN NAME: <u>Sally B. Springs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u> (If Yes, give war or dates) <u>Before WWI</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <u>M. Dewey Hickman, Brunswick, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>		<u>7 days</u>	
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 26, 1955</u> to <u>Aug. 3, 1955</u> , that I last saw the deceased alive on <u>Aug. 2, 1955</u> , and that death occurred at 1:10AM, from the causes and on the date stated above.			
SIGNATURE <u>Richard C. Thomas Jr.</u>		DATE SIGNED <u>8/3/1955</u>	
ADDRESS <u>Frederick, Maryland</u>		M. D.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>August 5, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILLIAM V. S.

AUG

10

7726

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9, File GL86 9-20-55 et

1. PLACE OF DEATH:

COUNTY **Frederick**

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

Frederick

LENGTH OF STAY (in this place)

Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

116 West All Saints St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland**COUNTY **Fred.**

CITY (If outside corporate limits, write RURAL and give nearest town)

Frederick

STREET ADDRESS

(If rural give location)

116 West All Saints St.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Clifford**Eugene****Holland**

(Type or Print)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

Aug. 23**1955**

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): **Widow**

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Male**Negro****Feb 9 - 1871****84 yrs.****8/8** yrs. Months Days Hours Min.10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: **Carpenter**10b. KIND OF BUSINESS OR INDUSTRY: **Construction**11. BIRTHPLACE (State or foreign country): **Frederick**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Henry Holland

14. MOTHER'S MAIDEN NAME:

Mary Holland Same as married name

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Mary Holland 116 w. All Saints St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
Immediate cause(a) ... **Pe. Rheum. Hemorrhage**

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) **Ch. Cardio. Renal & Pancreatic disease**

DUE TO (c)

Interval Between Onset And Death

18 hrs**10 yrs**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-1**, 19**55**, to **8-23**, 19**55**, that I last saw the deceasedalive on **8-22**, 19**55**, and that death occurred at **8:10-AM**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. G. Baumgardner**Ind****Inducts Ind****8-23-55**

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

25 Aug 1955**Elizabth B. Heik****Charles E. Hicks III Frederick, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 26 1955

RECEIVED

7727

07740

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY FREDERICK

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN FREDERICKLENGTH OF STAY
(in this place)

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

DR. FRED'K MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO.

CITY (If outside corporate limits write RURAL and give nearest town)

OR TOWN BALTO.3V. 1-4STREET
ADDRESS

(If rural, give location)

629 N. AUGUSTA AVE

3. NAME OF

DECEASED:

(Type or Print)

(First)

(Middle)

(Last)

Charles Paul Hughes

4. DATE

(Month)

(Day)

(Year)

OF

DEATH

August 171955

5. SEX:

M.

6. COLOR OR

RACE:

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED,

(Specify): DIVORCED MAR. 2, 1905

8. DATE OF BIRTH:

9. AGE last birthday

58

yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of

work done during most of work life,

even if retired): ENGINEER PENNA. R.R.

10b. KIND OF BUSINESS OR

INDUSTRY:

BALTO. MD.

11. BIRTHPLACE (State or foreign country):

BALTO. MD.

12. CITIZEN OF WHAT

COUNTRY?

13. FATHER'S NAME:

CHARLES C. HUGHES

14. MOTHER'S MAIDEN NAME:

JENNIE CARRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of

service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

MRS JENNIE HUGHES, 629 N. AUGUSTAAVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

824X
Immediate cause(a) Fracture of cervical vertebrae

DUE TO

Antecedent cause(s)

Diseases or conditions, if any,

giving rise to the above cause

stating underlying cause last

(b) ...

DUE TO

(c)

+ Crushed Chest with
broken ribs. Fracture of 1st rib
supportedINTERVAL BETWEEN
ONSET AND DEATHminutesII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☒ No ☐21a. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)
INJURY State Highway High way Route 40

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY Aug. 17-55 6 A. M.21e. INJURY OCCURRED
While at Not while
work ☐ at work ☒

21f. HOW DID INJURY OCCUR?

Driving from automobile into
high way22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

B. B. Surmas

M. D.

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

DATE SIGNED

Aug. 17-55

23. BURIAL, CREMATION,

REMOVAL (Specify):

BURIAL

DATE THEREOF

AUG. 20/55

NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

LOCATION (City, town, or county)

WOODLAWN MD.

(State)

DATE REC'D BY LOCAL

REG. 107

REGISTRAR'S SIGNATURE

[Signature]

24. FUNERAL DIRECTOR

Harry H. Witzke

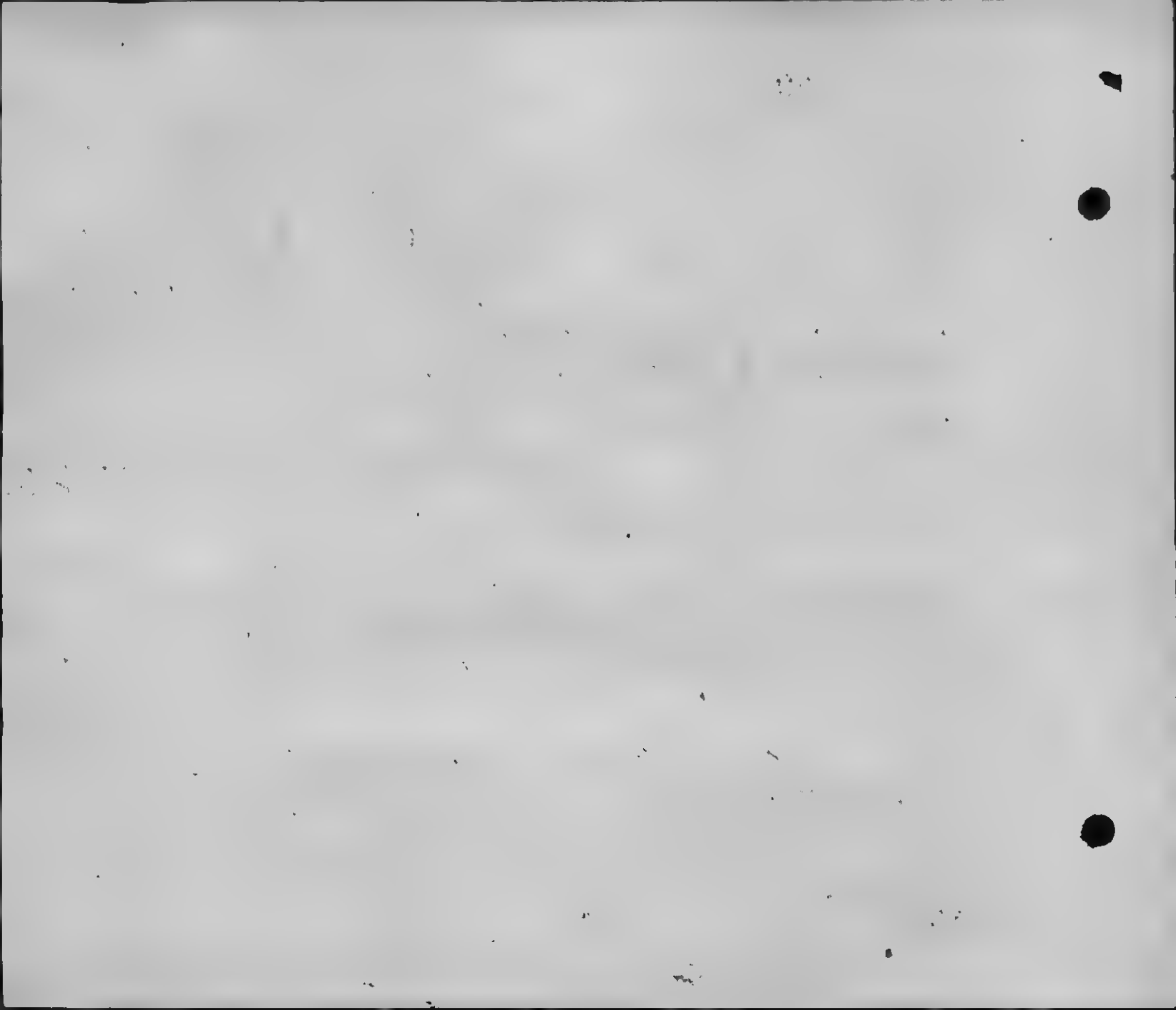
ADDRESS

4101 EDMONDSONAVE.

MARGIN RESERVED FOR BINDING

VS. A15A-5-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



7733

MARYLAND STATE DEPARTMENT OF HEALTH

07741

CERTIFICATE OF DEATH

Item 21 Film G186 9-8-55 ams

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Tennessee COUNTY Shelby	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Memphis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 Elm Street		STREET ADDRESS (If rural, give location) 77X-3	
3. NAME OF DECEASED (First) PATRICIA (Middle) LEWIS (Last) KEHNE		4. DATE OF DEATH August 27 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. 8, 1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dr. John H. Kehne		14. MOTHER'S MAIDEN NAME Mildred Lewis Kehne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Dr. John H. Kehne - Memphis, Tennessee			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9520
Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/>	PLACE (Home, farm, factory, street, OF office bldg., etc.) Home	(CITY OR TOWN) Frederick	(COUNTY) Frederick	(STATE) Md.
---	--	---------------------------------	---------------------------	--------------------

TIME (Month) (Day) (Year) (Hour) 20	INJURY OCCURRED While at work	HOW DID INJURY OCCUR? fell in fish pond about 20 inches deep - no one in yard with child at the time of accident.
--	--------------------------------------	--

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF August 29, 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
--	-------------------------------------	--	---

DATE REC'D BY LOCAL REG. 29 Aug 1955	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street
---	--	---

Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

13



340
100
100
100



7729

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>40 Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>45 East Fifth Street</u>				STREET ADDRESS (If rural give location) <u>45 East Fifth Street</u>			
3. NAME OF DECEASED: (First) <u>JOHN</u>		(Middle) <u>CHARLES</u>		(Last) <u>KOLB JR.</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>August 29, 1955</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>March 20, 1902</u>	
9. AGE last birthday: <u>53</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Janitor</u>		10a. KIND OF BUSINESS OR INDUSTRY: <u>Electric Co.</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>John C. Kolb Sr.</u>				14. MOTHER'S MAIDEN NAME: <u>Adora Gilster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO: <u>215-20-8013</u>		17. INFORMANT & ADDRESS: <u>Mrs. Annie Y. Kolb, Frederick, Maryland</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>3 weeks</u>	
ANTECEDENT CAUSE (B) <u>Acute Pyelonephritis</u>						<u>6 weeks</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Gout</u>						<u>22 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1954</u> , to <u>29 Aug, 1955</u> , that I last saw the deceased alive on <u>29 Aug, 1955</u> , and that death occurred at <u>9:50 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stone</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>8/30/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth L. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

BUREAU V. S.

SEP



7730

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>2 Days</u>		OR If outside corporate limits, write RURAL and give nearest town <u>Doubs</u> <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>/</u>			
3. NAME OF DECEASED: (First) <u>LOUISE</u>		(Middle) <u>MARGARET</u>		(Last) <u>LOUTHAN</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>August 9,</u> <u>1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. <u>SINGLE</u> , MARRIED, <u>WIDOWED</u> , <u>DIVORCED</u> , (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>March 19, 1900</u>	
9. AGE last birthday <u>55</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		9. AGE last birthday <u>55</u> yrs. Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country): <u>Virginia</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Albert W. Walter</u>				14. MOTHER'S MAIDEN NAME: <u>Daisy Crim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mr. William H. Louthan, Doubs, Maryland</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Acute Coronary thrombosis</u>						<u>36 hrs.</u>	
ANTECEDENT CAUSE (B) <u>Arteriosclerotic Coronary heart disease.</u>						<u>? yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/7</u> , 1955, to <u>8/9</u> , 1955, that I last saw the deceased alive on <u>8/8</u> , 1955, and that death occurred at <u>5:45AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>8/9/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 12, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>10 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILLIAM A. S.

AUG 11 1955

POST OFFICE

7731

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>321 East Patrick Street</u>				STREET ADDRESS (If rural give location) <u>321 East Patrick Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>AMELIA JANE MACGILL</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>August 1, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>11 Oct 1870</u>	
9. AGE last birthday: <u>84</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House-work</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		9. AGE last birthday: <u>84</u> yrs.	
11. BIRTHPLACE (State or foreign country): <u>VIRGINIA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Unknown</u>				14. MOTHER'S MAIDEN NAME: <u>Margaret D. Everhart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT & ADDRESS: <u>321 E. Patrick St., Mrs. Earl F. Fleischman, Frederick, Md.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						<u>9 days</u>	
ANTECEDENT CAUSE (S) (B) <u>Hypertension heart disease</u>						<u>3 yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 23, 1955</u> to <u>Aug 1, 1955</u> that I last saw the deceased alive on <u>Aug 1, 1955</u> , and that death occurred at <u>9:55 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. Keine</u>				DATE SIGNED <u>2 Aug 1955</u>			
M.D. <u>Frederick, Maryland</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4 Aug 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3 August 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hech...</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

WORMAN V. S.

AUG 4 1916

7751 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) 6 years
 TOWN Rural - Nr. Frederick
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS R. F. D. # 5 - Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Rural - Nr. Frederick
 TOWN
 STREET (If rural give location)
 ADDRESS R. F. D. # 5

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

NETTIE

K. V.

MANTZ

4. DATE

(Month)

(Day)

(Year)

OF

DEATH: August

22

1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

Female

White

Widowed

November 26, 1871

83

yrs.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.

Book binding operator

10b. KIND OF BUSINESS OR INDUSTRY:

Printing office

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

William E. Main

14. MOTHER'S MAIDEN NAME:

Elizabeth Colliflower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.:

None

17. INFORMANT & ADDRESS:

Mrs. F. Walker Chapman - Rt. 5 - Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44-
Immediate cause

(a) Broncho pneumonia

Interval Between Onset And Death

3 days

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardiovascular disease

2 1/2 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic cystitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1955, to 8/22, 1955, that I last saw the deceased

alive on 8/22, 1955, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

23 Aug. 1955

Elizabeth B. Heck

C. E. Cline & Son - 8 East Patrick Street

Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11 000001

7732

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write OR and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
11 Frederick		10 years		11 Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
113 East Third Street				113 East Third Street			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		HARRY EDWARD MOHLER		August 30		19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	June 27, 1879	76 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Representative		Insurance		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Thomas J. Mohler				Laura V. Tucker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		216-01-7354		Mrs. Harry E. Mohler - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Polycythemia vera.							
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
None						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/23/46, 1946, to Aug. 30, 1955, that I last saw the deceased alive on 8/30, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
H. G. Gause M.D.				Frederick, Md.		8/31/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Sept. 2, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1 Sept. 1955		Elizabeth B. Heath		C. E. Cline & Son - 8 East Patrick Street		Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

BUREAU V. S.

SEP 6 1955

RECEIVED
SEP 6 1955

MARYLAND

7752

07748

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u> <u>Thurmont, Md. Rt. #1</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Thurmont, Md. Rural</u> TOWN <u>Life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Thurmont, Md. Rural</u> TOWN <u>Life</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LILLIE</u> (First) <u>BELL</u> (Middle) <u>MORNINGSTAR</u> (Last)		4. DATE OF DEATH (Month) <u>August</u> (Day) <u>2</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 24, 1897</u>
9. AGE last birthday <u>58</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Thurmont, Md. Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Kauffman</u>		14. MOTHER'S MAIDEN NAME <u>Susan E. Stiner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Viola S. Click Thurmont, Md. Rural</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
527.1 Immediate cause (a) <u>Congestive cardiac failure</u>		<u>Cor Pulmonale</u> <u>Pulmonary emphysema</u>	<u>4 years</u>
Antecedent cause(s) (b) <u>Cor Pulmonale</u>			<u>8 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Pulmonary emphysema</u>			<u>2 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1 April, 1947, to 2 Aug., 1955, that I last saw the deceased alive on 1 August, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE Susan E. Stiner (Degree or title) MD ADDRESS Walkersville, Md. DATE SIGNED 2 August 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>8/4/55</u>	NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>	LOCATION (City, town, or county) (State) <u>Utica, Md. Frederick Co.</u>
DATE REC'D BY LOCAL REG. <u>Aug. 3/1955</u>	REGISTRAR'S SIGNATURE <u>Blanche S. Eyles</u>	24. FUNERAL DIRECTOR <u>M.L. Creager and Son Thurmont, Md.</u>	

MARGIN RESERVED FOR BINDING

U.S. V. S.

103

RECEIVED

7733

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Frederick LENGTH OF STAY (in this place) 55 years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 West Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Frederick
 STREET ADDRESS (If rural give location) 115 West Third Street

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

(Type or Print)

WILLIAMWARNEROSBURNAugust 41955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED
(Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS

MaleWhiteMusicOctober 4, 187183 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Musician10b. KIND OF BUSINESS OR INDUSTRY: Music11. BIRTHPLACE (State or foreign country): Pennsylvania12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

Franklin Osburn

14. MOTHER'S MAIDEN NAME:

Henrietta Warner15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Miss Laura S. Osburn - Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

470.2
Immediate cause(a) Angina Pectoris
DUE TOAntecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.(b) Chronic myocarditis.
DUE TO

(c)

Interval Between Onset And Death

4 days4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1955, to 8-3-1955, that I last saw the deceasedalive on 8-3-1955, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree of title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL

(Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5 Aug. 1955Elizabeth S. HeckC. E. Cline & Son - 8 East Patrick StreetFrederick, Maryland

MARGIN RESERVED FOR BINDING

BOOKS & P.

ADP

7753

CERTIFICATE OF DEATH

Reg. Dist. No. 145

I. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR and give nearest town
 X TOWN Rural- Myersville 14 yrs.
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Rural Myersville X
 STREET ADDRESS (If rural give location)
Route # 1

3. NAME OF DECEASED:

(First) MARY(Middle) ELLA(Last) PRYOR

4. DATE OF DEATH:

(Month) August(Day) 29(Year) 1955

5. SEX:

Female

6. COLOR OR RACE:

White7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH:

Sept. 14, 1873

9. AGE last birthday:

81 yrs.

10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

Housewife

11. BIRTHPLACE (State or foreign country):

Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Jacob Lewis

14. MOTHER'S MAIDEN NAME:

Celia Ann Hurley15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
no

16. SOCIAL SECURITY No.:

none

17. INFORMANT & ADDRESS:

Rufus C. Pryor, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Carcinoma of lung - gradual asphyxiation

Interval Between Onset And Death

6 yrs.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 3/28, 1955, to 8/29, 1955, that I last saw the deceasedalive on 8/26, 1955, and that death occurred at 9:30 P.M. from the causes and on the date stated above.SIGNATURE Thurmond Peterson, M.D. ADDRESS Middletown Md DATE SIGNED 8/31/5523. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 1, 1955 NAME OF CEMETERY OR CREMATORY Grossnickle's LOCATION (City, town, or county) Frederick Co. Md. (State)DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1955 REGISTRAR'S SIGNATURE Floy M. Bittle24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 6

RECORDED

7734

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Frederick</u> MARYLAND			STATE <u>Maryland</u> COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>Town Frederick</u>			CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>215 East 4th Street</u>			STREET ADDRESS (If rural give location) <u>215 East 15th Street</u>		
3. NAME OF DECEASED:			4. DATE (Month) (Day) (Year) OF DEATH:		
(First) (Middle) (Last) <u>GILBERT</u> <u>FRANKLIN</u> <u>RAINES</u>			<u>August</u> <u>25</u> , <u>1955</u>		
5. SEX: <u>Male</u>			9. AGE last birthday <u>57</u> yrs.		
6. COLOR OR RACE: <u>White</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>			11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		
8. DATE OF BIRTH: <u>April 27, 1898</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME: <u>Edward Raines</u>			14. MOTHER'S MAIDEN NAME: <u>Ida May Norwood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u> <u>No</u>			16. SOCIAL SECURITY NO. <u>213-16-0755</u>		
17. INFORMANT & ADDRESS: <u>Mrs. Alta R. Raines, Frederick, Maryland</u>			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (A) <u>420.0</u>			<u>Coronary Thrombosis</u>		
ANTECEDENT CAUSE (B) <u>Anterior Septal Heart Disease</u>			<u>Death</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.			<u>Diagnosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 1, 1954</u> to <u>Aug 25 1955</u> that I last saw the deceased alive on <u>Aug 23, 1955</u> , and that death occurred at <u>8:30AM</u> , from the causes and on the date stated above.					
SIGNATURE <u>[Signature]</u>			DATE SIGNED <u>8/26/1955</u>		
ADDRESS <u>Frederick, Maryland</u>			M. D. <u>[Signature]</u>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>			DATE THEREOF <u>Aug 27, 1955</u>		
NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cemetery</u>			LOCATION (City, town, or county) (State) <u>Mount Airy, Maryland</u>		
DATE REC'D BY LOCAL REGISTRAR <u>26 Aug 1955</u>			REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>		
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>			ADDRESS <u>Frederick, Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1955

7751 MARYLAND STATE DEPARTMENT OF HEALTH

07752

Item 18 Film G186 9-8-55 ams

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural--New Windsor		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural--New Windsor	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) nr Taylorsville	
3. NAME OF DECEASED (Type or Print) Jesse (First) Edward (Middle) Schellar (Last)		4. DATE OF DEATH August 17 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 5-25-1875
9. AGE last birthday 80 yrs.		10. AGE last birthday (If under 1 year) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Charles Schellar		14. MOTHER'S MAIDEN NAME Margaret Glass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Chas. E. Schellar,		same	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)--- Coronary Occlusion

Antecedent cause(s) (b)--- Arteriosclerosis

Disease or condition, if any, giving rise to the above cause stating the underlying cause last (c)--- Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr.

5 yrs +

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:00, 18th Street, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify) BURIAL	DATE THEREOF 8-20-1955	NAME OF CEMETERY OR CREMATORY Taylorsville	LOCATION (City, town, or county) Carroll Co., Maryland
DATE REC'D BY LOCAL REG. Aug. 18, 1955	REGISTRAR'S SIGNATURE b. A. Kunkles	24. FUNERAL DIRECTOR C. M. Waltz,	ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 22

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

07753

7755 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - COUNTY Maryland Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Adamstown		CITY (If outside corporate limits, write RURAL and give nearest town) Adamstown R. F. D. #1 (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sears Road		STREET ADDRESS (If rural, give location) Greenfield	
3. NAME OF DECEASED (First) CHARLES (Middle) EDWARD (Last) SEARS		4. DATE OF DEATH (Month) August (Day) 3 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED Single	8. DATE OF BIRTH August 1, 1884
9. AGE last birthday 71 yrs.		10. If under 1 year Months 0 Days 0 Hours 0 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Thomas Sears		14. MOTHER'S MAIDEN NAME Sarah J. Nichols	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Fulton D. Sears, Adamstown, Maryland			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <i>Chronic pulmonary disease</i>		<i>1 year</i>
(b) Antecedent cause(s) <i>Arteriosclerosis</i>		<i>5 years</i>
(c) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 6 1955	Monocacy Cemetery	Beallsville, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4 August 1955	Elizabeth S. Heck	M. R. Etchison & Son	Frederick, Maryland

MARGIN RESERVED FOR INDEXING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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ALMA

7756

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville LENGTH OF STAY (in this place) 4 years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Myersville
 STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

ANNASMITHSETTERS

4. DATE OF DEATH:

(Month)

(Day)

(Year)

August 6 19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

FemaleWhiteMarriedJuly 4, 1908477 yrs. 6 Months 1 Days 19 Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

HousewifeOwn HomeLewis County, KentuckyU.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

David SmithElla Alafare Broomfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

nononeCharles B. Setters, Myersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Hemorrhage, cerebralmetastatic carcinoma to the brain 4 mos from carcinoma of the breast

Interval Between Onset And Death

1 1/2 days?

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from July 27, 1955 to Aug 5, 1955, that I last saw the deceasedalive on Aug 1, 1955, and that death occurred at 12 N from the causes and on the date stated above.

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Aug 9, 1955Shoy M. BittlePaul F. Bittle, Myersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

19-00000
19-00000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7757

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07755

Reg. Dist. No. 134

1. PLACE OF DEATH - COUNTY Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland				COUNTY Carroll			
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Emmitsburg				LENGTH OF STAY (in this place) Life				CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Emmitsburg			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) John Winton Six				4. DATE OF DEATH August 4, 1955							
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH July 15, 1870		9. AGE last birthday 85 yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own Farm				11. BIRTHPLACE (State or foreign country) Maryland			
13. FATHER'S NAME William Six				14. MOTHER'S MAIDEN NAME Catherine Stambaugh				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY No. none				17. INFORMANT AND ADDRESS Mr. Norman Six, Route #2, Emmitsburg, Md.			
18. MEDICAL CERTIFICATION											
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH										INTERVAL BETWEEN ONSET AND DEATH	
<p>420.1 Immediate cause (a) coronary occlusion</p> <p>Antecedent cause(s) (b) arteriosclerotic cardiovascular disease - several years</p> <p>(c)</p>										1 hour	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE				PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>				HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 52 , 19 52 , to Aug 4 , 19 55 , that I last saw the deceased alive on Aug 1 , 19 55 , and that death occurred at 8 P m., from the causes and on the date stated above.											
SIGNATURE W.R. Calk				ADDRESS MD. Purnell				DATE SIGNED 8-5-55			
23. BURIAL, CREMATION REMOVAL, (Specify) Burial				DATE THEREOF August 7, 1955				NAME OF CEMETERY OR CREMATOR Keyville Cemetery			
LOCATION (City, town, or county) (State) Keyville, Carroll Co., Md.				24. FUNERAL DIRECTOR C.O. Fuss & Son, Tameytown, Maryland				ADDRESS			
DATE REC'D BY LOCAL REG. Aug 5-1955				REGISTRAR'S SIGNATURE M. F. Shuff							

BUREAU V. S.

AUG 9

RECEIVED

7735

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY FrederickCITY (If outside corporate limits, write RURAL and give nearest town) Frederick MARYLANDTOWN Frederick LENGTH OF STAY (in this place) LifeHOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MarylandCOUNTY Fred.CITY (If outside corporate limits, write RURAL and give nearest town) FrederickSTREET ADDRESS (If rural give location) 113 Ice Street

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Helen Vivian Smith—Alias Helen Vivian Watford

(Type or Print)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

August 24 1955

5. SEX:

6. COLOR OR RACE:

7. ~~SINGLE, MARRIED,~~
~~WIDOWED, DIVORCED,~~
(Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Female Colored38 yrs. Months Days Hours Min.10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic10b. KIND OF BUSINESS OR INDUSTRY: *****11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Mary Hill15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Glenard Smith Sr. 158 W. All Saints Street

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

1 hr6 months

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1955, to 8-15, 1955, that I last saw the deceasedalive on 8-15, 1955, and that death occurred at 9:50 P., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE REC'D BY LOCAL REGISTRAR

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

BurialAug. 27, 1955FairviewFrederick, Maryland26 Aug. 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Elizabeth B. HedeCharles E. Hicks III Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 29 1955

RECEIVED

7753

07757

Reg. Dist.

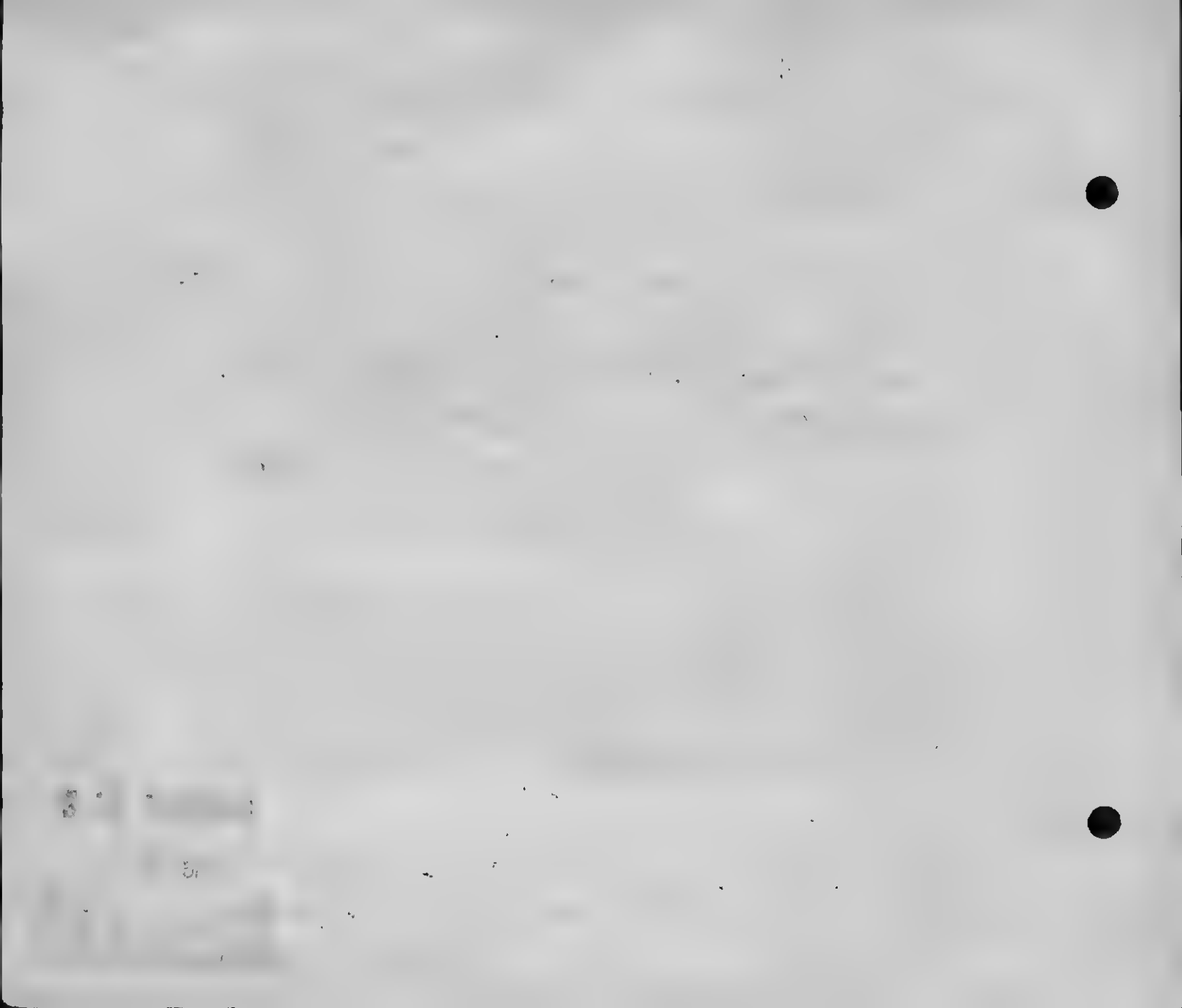
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 144

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Thurmont	LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits write RURAL and give nearest town) Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) Robert (Middle) William (Last) Specht		(Month) Aug (Day) 27 (Year) 1955	
5. SEX: M	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 5/28/1932
9. AGE last birthday: 23 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 2 Days 2 Hours 2 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Mch. Operator		10b. KIND OF BUSINESS OR INDUSTRY: Ox. Fibre Brush Co.	
11. BIRTHPLACE (State or foreign country): Thurmont Fredk. Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Rayhue C. Specht		14. MOTHER'S MAIDEN NAME: Mazie -- Cline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1953-1954		16. SOCIAL SECURITY No.: 217-28-6374	
17. INFORMANT & ADDRESS: Mary Ann Bell-SPECHT Thurmont Md		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Broken neck		Instantaneous	
Antecedent cause(s) (b) DUE TO			
Diseases or conditions, if any, giving rise to the above cause DUE TO			
stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. Broken neck		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Thurmont Md	
21c. (City or town, County) Thurmont Frederick Md		21d. HOW DID INJURY OCCUR? Automobile Accident	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 27 253 24 M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE Bo Thomas Md Deputy Med. Examiner		DATE SIGNED Aug 27 55	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 8/30/1955	
NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery		LOCATION (City, town, or county) Thurmont Maryland	
DATE REC'D BY LOCAL REG. Aug 29 1955		REGISTRAR'S SIGNATURE Blaumie S. Eyles	
24. FUNERAL DIRECTOR M.L. Creager & Son		ADDRESS Thurmont Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



7735

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Items 8,9, FilmG185 8-31-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> LENGTH OF STAY (in this place) <u>life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>I26 Ice Street</u>				STATE <u>Maryland</u> COUNTY <u>Fred.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> STREET ADDRESS (If rural give location) <u>I26 Ice Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>George Thomas Spencer</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>Aug. 15, 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Nov. 21, 1898</u>	
9. AGE last birthday: <u>56</u> yrs.		10. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: <u>Hotel waiter</u>		11. BIRTHPLACE (State or foreign country): <u>Frederick Co.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Thomas Spencer</u>				14. MOTHER'S MAIDEN NAME: <u>Emma Washington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.: <u>Unknown</u>		17. INFORMANT & ADDRESS: <u>Mary R. Spencer- I26 Ice Street Fred. Md.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Carcinoma of Throat</u>							
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-1</u> , 19 <u>54</u> , to <u>8-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>55</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Eliza B. Hech</u>				DATE SIGNED <u>8-16-55</u>			
23. BURIAL INFORMATION, (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Aug 18, 1955</u>		<u>St. John's Cem</u>		<u>Frederick Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>17 Aug 1955</u>		<u>Eliza B. Hech</u>		<u>Charles E. Hicks III</u>		<u>Frederick, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG 19 1

RECEIVED

7759

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

X TOWN Rural - Bartonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 6 Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Rural - Bartonsville X

STREET ADDRESS R.F.D. # 6 Frederick

3. NAME OF DECEASED:

(First)

Tillie

(Middle)

J.

(Last)

Steel

(Type or Print)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

August 6 19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

White

Married

Sept. 8 1889

65

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.

Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

John Tucker

14. MOTHER'S MAIDEN NAME:

Ellen Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Samuel W. Steel, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

400.0
Immediate cause

(a) DUE TO

Antecedent causes(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Congestive Heart Failure
Arterio-sclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1955, to 8/6, 1955, that I last saw the deceased alive on 8/5, 1955, and that death occurred at 3 PM, from the causes and on the date stated above. SIGNATURE H. J. Fisher ADDRESS 4600 N. J. Rd. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

Aug. 9, 1955

NAME OF CEMETERY OR CREMATORY

Pleasant Hill

LOCATION (City, town, or county)

Monrovia, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR

Aug 8 - 1955

REGISTRAR'S SIGNATURE

Lucian J. Talbot

24. FUNERAL DIRECTOR

Olin L. Molesworth, Damascus, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AUG

1915

7760

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Frederick - Rural</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Emergency Hospital</u>		STREET ADDRESS (If rural give location) <u>331 Jefferson Street</u>	1
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>WILLIAM</u>	(Middle) <u>HENRY</u>	(Last) <u>STEINHAUS</u>	DATE OF DEATH: <u>August 11, 1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH: <u>January 30, 1871</u>
9. AGE last birthday: <u>84</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Nebraska</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Superintendent</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Gas Company</u>	
11. BIRTHPLACE (State or foreign country): <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William H. Steinhaus</u>		14. MOTHER'S MAIDEN NAME: <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-10-5363</u>	
17. INFORMANT & ADDRESS: <u>Mr. Austin N. Steinhaus, Frederick, Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Ch. Cardio Renal Vascular Disease</u>		<u>27</u>	
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>55</u> , to <u>8-10</u> , 19 <u>55</u> that I last saw the deceased alive on <u>8-10</u> , 19 <u>55</u> , and that death occurred at <u>12:45</u> M., from the causes and on the date stated above.			
SIGNATURE <u>U. G. Bourne Jr</u>		DATE SIGNED <u>8/11/1955</u>	
ADDRESS <u>Frederick, Maryland</u>		M. D. <u>Frederick, Maryland</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 13, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>13 Aug. 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hada</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. E.

AUG 16 1935

51

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>		LENGTH OF STAY (In this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1 East Fifteenth Street</u>				STREET ADDRESS (If rural give location) <u>1 East Fifteenth Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>AMY CATHERINE STEVENS</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>August 21, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>August 17, 1894</u>	
9. AGE last birthday: <u>61</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>George B. Hoke</u>			
14. MOTHER'S MAIDEN NAME: <u>Ella Gittings</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT & ADDRESS: <u>1 East Fifteenth St., Mr. Issac L Stevens, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
239X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>		<u>24 hrs.</u>	
ANTECEDENT CAUSE (B) <u>Mild tumor of parathyroid gland with generalized metastases</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
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21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 16, 1955, to Aug 21, 1955 that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 2:50 M. from the causes and on the date stated above.

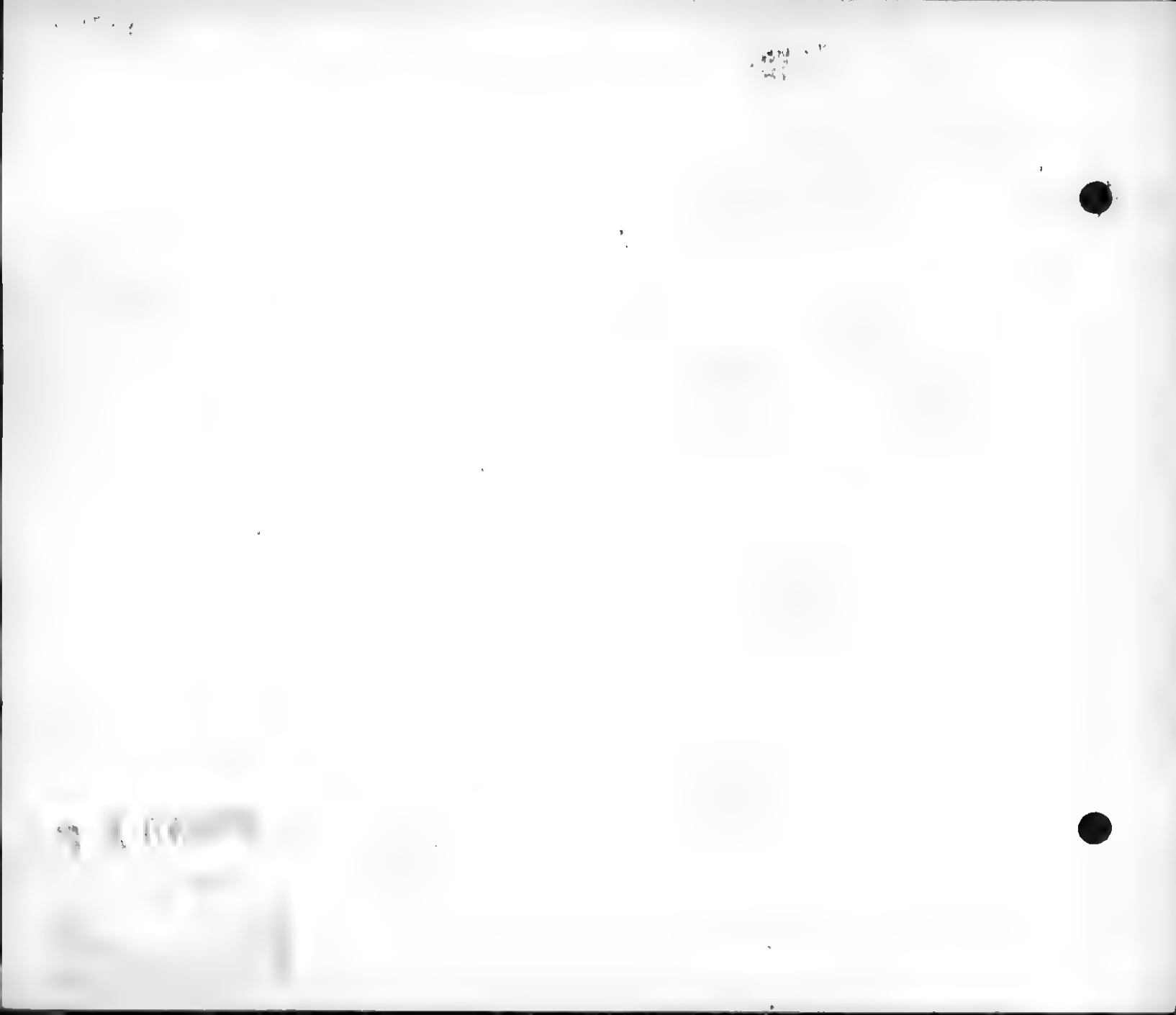
SIGNATURE Henry V. Chase ADDRESS Frederick, Maryland DATE SIGNED 8/23/1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Aug. 23, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Frederick Memorial Park</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
--	--------------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR <u>23 Aug 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Hoch</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

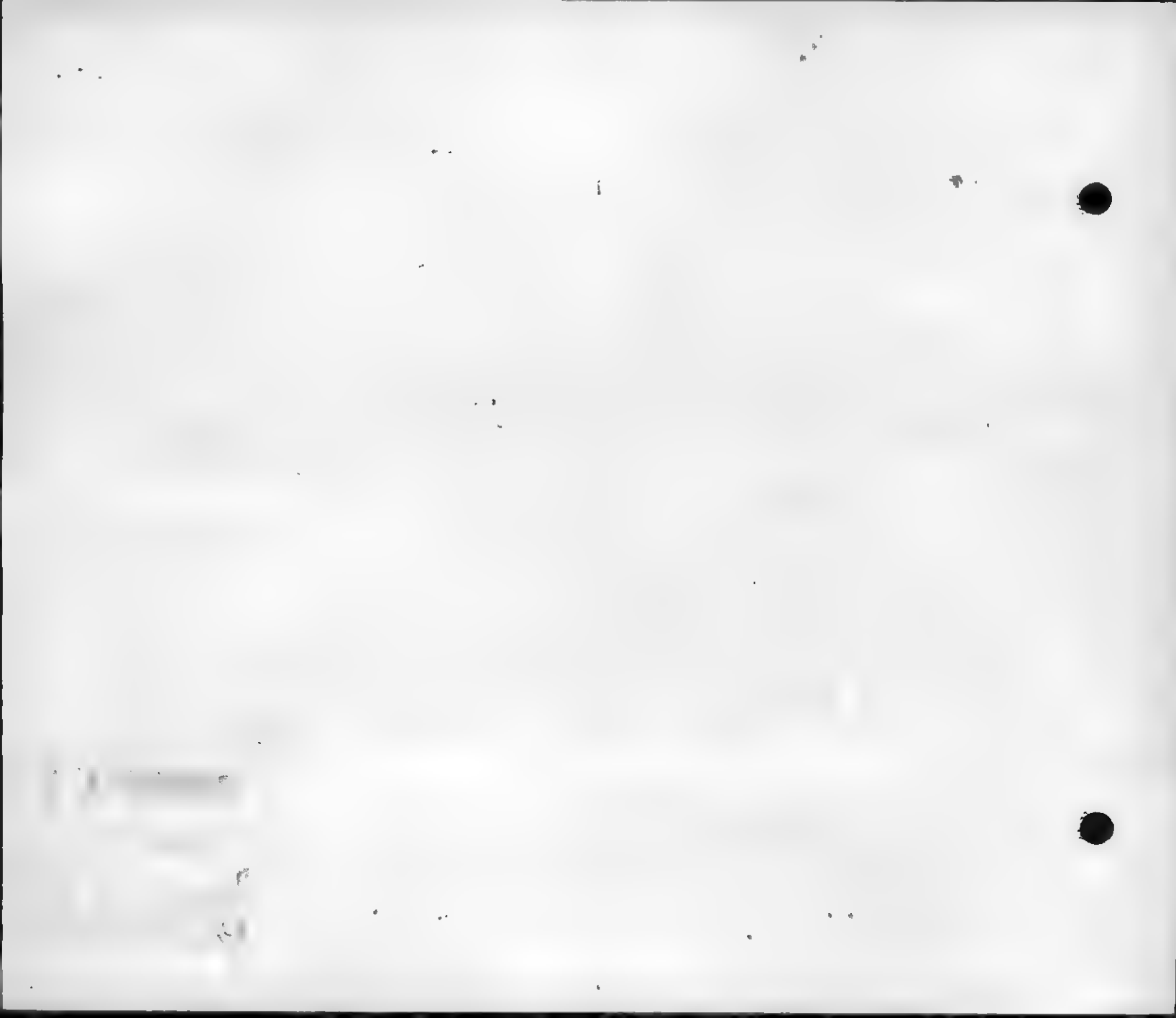
07762

7738
CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 9, FilmG185 8-18-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>11 Frederick</u>		<u>8 days</u>		<u>Dickerson</u>		<u>15 X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>67 1st - Dickerson Memorial Hosp</u>							
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>MILTON URNER STOTELMEYER</u>				<u>AUG. 14 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday: IF UNDER 1 YEAR		IF UNDER 24 HRS.	
<u>11</u>	<u>White</u>	<u>Married</u>	<u>6/15/1879</u>	<u>76 yrs</u>		<u>Months Days Hours Min.</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Superior Self-employed</u>		<u>Self-employed</u>		<u>Maryland</u>		<u>US</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Hiram Stotemyer</u>				<u>Mahala Schaffer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
15. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>450.0</u>				<u>6 AUG. 1955</u>			
IMMEDIATE CAUSE				(A) <u>ACUTE MYOCARDIAL INFARCTION</u>			
ANTECEDENT CAUSE (S)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) <u>ARTERIO-SCLEROTIC HEART DIS.</u>			
				DUE TO			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>CEREBRAL HEMORRHAGE</u>			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 AUG. 1955</u> , to <u>14 AUG. 1955</u> , that I last saw the deceased alive on <u>14 AUG. 1955</u> , and that death occurred at <u>9:35 P. M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<u>Charles H. Conley Jr.</u>				<u>M. D. Frederick, Md.</u>		<u>8/14/55.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>1 Burial</u>		<u>8/17/55</u>		<u>Presbyterian</u>		<u>Frederick, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>15 Aug. 1955</u>		<u>Elizabeth B. Hock</u>		<u>William B. H. Hock</u>		<u>Frederick, Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

7761

07763

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Frederick</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles Marion</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>20</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH (Month) <u>10</u> (Day) <u>26</u> (Year) <u>1924</u>	
9. AGE last birthday yrs. <u>31</u>		10. AGE last birthday If under 1 year: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Columbus A. Sunday</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Jane Mort</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Ralph M. Sunday, Annapolis, Maryland</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
156.1 Immediate cause (a) <u>Cerebral Hemorrhage</u>					
Antecedent cause(s) (b) <u>None</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>None</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>None</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>None</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 5</u> , 19 <u>55</u> , to <u>Aug 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 19</u> , 19 <u>55</u> , and that death occurred at <u>8:45 P</u> m., from the causes and on the date stated above.					
SIGNATURE <u>M. D.</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>22 Aug 1955</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>22 Aug 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>22 Aug 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR INDEXING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 11 1955

RECEIVED

7739

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) 11 <u>TOWN</u> Frederick	LENGTH OF STAY (in this place)	OR (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs 13	
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 1	
3. NAME OF DECEASED: (First) CHARLES (Middle) EDGAR (Last) WHIPP		4. DATE (Month) (Day) (Year) OF DEATH August 20, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH: December 4, 1887
9. AGE last birthday 67 yrs.		10. DATE OF BIRTH: 4, 1887	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent		10B. KIND OF BUSINESS OR INDUSTRY: Railroad	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John N. Whipp		14. MOTHER'S MAIDEN NAME: Ann Shellman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO 705-07-7966	
17. INFORMANT & ADDRESS: Mrs. Edna C. Whipp, Doubs, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE (A) <u>Coronary artery atherosclerosis with myocardial infarction</u>		4 hours	
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-14, 1955, to Feb 18, 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 4:40A M, from the causes and on the date stated above.			
SIGNATURE <u>Dr. R. Martin</u>		DATE SIGNED 8/22/1955	
ADDRESS		M. D. Frederick, Maryland	
23. B. R. R. CREMATION REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 23, 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	
DATE REC'D BY LOCAL REGISTRAR 22 Aug. 1955		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	

MARGIN RESERVED FOR HINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3 2 01

7740

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Home LENGTH OF STAY (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital
69 Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Fred.
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
 OR Myersville
 STREET ADDRESS (If rural give location) Halfville

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

5. SEX:

6. RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

4. DATE OF DEATH:

(Month)

(Day)

(Year)

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
 Immediate cause

(a)

Antecedent causes (s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased

alive on Aug. 14, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

RECEIVED

AUG 18 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

07766

7741

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 West Patrick Street		STREET ADDRESS (If rural, give location) 230 West Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First) JOHN (Middle) RUSSELL (Last) ZIMMERMAN	4. DATE OF DEATH August 10, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 6 Nov 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Hardware	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John F. Zimmerman		14. MOTHER'S MAIDEN NAME Emma Koogle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. 214-10-2092	
17. INFORMANT AND ADDRESS 141 Fairview Ave., James F. Zimmerman, Frederick, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Occlusion	2 hrs?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Anterior Sclerosis	2 1/2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE *M. D. Deputy Medical Examiner* M. D. Deputy Medical Examiner, Frederick, Maryland DATE SIGNED 12 Aug 1955

23. BURIAL OR CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12 Aug 1955	NAME OF CEMETERY OR CREMATORY Methodist Cemetery	LOCATION (City, town, or county) New Market, Maryland (State)
DATE REC'D BY LOCAL REG. 12 Aug 1955	REGISTRAR'S SIGNATURE Elizabeth B. Hebb	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS	

BUREAU V. 31

JUG 15 1955

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